## IMA Version

## TITLE 32 NATIONAL DEFENSE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS)

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		CLAIM	IS SUBMISSION, REVIEW, AND PAYMENT	
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	(1)		CHAMPUS identification card required.	1
	(2)		Claim required.	1
	(3)		Responsibility for perfecting claim.	1
	(4)		Obtaining Appropriate Claim Form.	1
	(5)		Prepayment not required.	1
	(6)		Deductible certificate.	1
	(7)		Nonavailability Statement (DD Form 1251).	2
		(i)	Rules applicable to issuance of Nonavailability Statement.	2
		(ii)	Beneficiary responsibility.	2
		(iii)	Rules in effect at time civilian care is provided apply.	2
		(iv)	Nonavailability Statement must be filed with applicable claim.	2
(b)			Information required to adjudicate a CHAMPUS claim.	2
	(1)		Patient's identification information.	2
		(i)	Patient's full name.	2
		(ii)	Patient's residence address.	2
		(iii)	Patient's date of birth.	2
		(iv)	Patient's relationship to sponsor.	2
		(v)	Patient's identification number (from DD Form 1173).	3
		(vi)	Patient's identification card effective date and expiration date (from DD Form 1173).	3
		(vii)	Sponsor's full name.	3
		(viii)	Sponsor's service or social security number.	3
		(ix)	Sponsor's grade.	3
		(x)	Sponsor's organization and duty station.	3
		(xi)	Sponsor's branch of service or deceased or retiree's former branch of service.	3
		(xii)	Sponsor's current status.	3
	(2)		Patient treatment information.	3
		(i)	Diagnosis.	3
		(ii)	Source of care.	3
		(iii)	Full address of source of care.	3
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		(v)		Referring physician.	3
		(vi)		Status of patient.	3
		(vii)		Dates of service.	3
		(viii)		Inpatient stay.	3
		(ix)		Physicians or other authorized individual professional providers.	3
		(x)		Hospitals or other authorized institutional providers.	4
		(xi)		Prescription drugs and medicines (and insulin).	5
		(xii)		Other authorized providers.	5
		(xiii)		Nonparticipating providers.	5
	(3)			Medical records/medical documentation.	5
	(4)			Double coverage information.	7
		(i)		Name of other coverage.	7
		(ii)		Source of double coverage.	7
		(iii)		Employer information.	7
		(iv)		Identification number.	7
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		(i)		Certification of identity.	8
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		(iii)		Authorization to obtain or release information.	8
		(iv)		Certification of accuracy and authorization to release double coverage information.	8
		(v)		Exceptions to beneficiary signature requirement.	8
	(2)			Provider's signature.	9
		(i)		Certification.	9
		(ii)		Physician or other authorized individual professional provider.	9
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(d)				Claims filing deadline.	10
	(1)			Claims returned for additional information.	10
	(2)			Exception to claims filing deadline.	10
		(i)		Types of exception.	10
			(A)	Retroactive eligibility.	10
			(B)	Administrative error.	10

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TAE	BLE C	OF CO	ONTENTS CLAIMS	PART 19 SUBMISSION, REVIEW, AND PAYMENT	9.7
			(C)	Mental incompetency.	10
			(D)	Delays by other health insurance.	10
			(E)	Other waiver authority.	10
		(ii)		Request for exception to claims filing deadline.	10
(e)				Other claims filing requirements.	11
	(1)			Continuing care.	11
	(2)			Inpatient mental health services.	11
	(3)			Claims involving the services of marriage and family counselors, pastoral counselors, and mental health counselors.	11
(f)				Preauthorization.	11
	(1)			Preauthorization must be granted before benefits can be extended.	11
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		(ii)		Time limit on preauthorization.	12
	(2)			Treatment plan.	12
	(3)			Claims for services and supplies that have been preauthorized.	12
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	(1)			Benefit payments made to beneficiary or sponsor.	12
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